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16569 U.S. PTO

PTO/SB/05 (08-03)

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| | | |
|--|------------------------|--|
| UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b)) | Attorney Docket No. | 282172002800 |
| | First Inventor | Thomas W. DUBENSKY, Jr. |
| | Title | MODIFIED FREE-LIVING MICROBES, VACCINE COMPOSITIONS AND METHODS OF USE THEREOF |
| | Express Mail Label No. | EV332776828 US |

| | |
|---|---|
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 |
|---|---|

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17) (2 pages)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages **173**]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the invention
 - Brief Summary of the invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **51**]
5. Oath or Declaration [Total Sheets **1**]
 - a. ☐ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application,
see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76 (4 pages)

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☒ Computer Readable Form (CRF) (1 disk)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☒ Paper (18 pages)
 - c. ☒ Statements verifying identity of above copies (2 pages)

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).
Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____

Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

| | | |
|---|-----------|---|
| <input checked="" type="checkbox"/> Customer Number: 25226 | OR | <input type="checkbox"/> Correspondence address below |
| Name | | |
| Address | | |
| City | State | Zip Code |
| Country | Telephone | Fax |

| | | | |
|-------------------|--|-----------------------------------|------------------|
| Name (Print/Type) | Alicia J. Hager | Registration No. (Attorney/Agent) | 44,140 |
| Signature |  | Date | February 6, 2004 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV332776828 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: February 6, 2004

Signature:  (Alicia J. Hager)

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| FEE TRANSMITTAL for FY 2004 | | | | Complete if Known | |
|---|--|------|--|----------------------|-------------------------|
| Effective 10/01/2003, Patent fees are subject to annual revision. | | | | Application Number | Not Yet Assigned |
| | | | | Filing Date | Concurrently Herewith |
| | | | | First Named Inventor | Thomas W. DUBENSKY, Jr. |
| | | | | Examiner Name | Not Yet Assigned |
| | | | | Art Unit | Not Yet Assigned |
| | | | | Attorney Docket No. | 282172002800 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | | |
| TOTAL AMOUNT OF PAYMENT | | (\$) | | 1244.00 | |

| METHOD OF PAYMENT (check all that apply) | | | | FEE CALCULATION (continued) | | | |
|--|----------|--------------------|----------|--|----------|----------------|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | | | 3. ADDITIONAL FEES | | | |
| <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP | | | | | | | |
| The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | | | | | |
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | |
| Large Entity | | Small Entity | | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid | | |
| 1001 | 770 | 2001 | 385 | Utility filing fee | 385.00 | | |
| 1002 | 340 | 2002 | 170 | Design filing fee | | | |
| 1003 | 530 | 2003 | 265 | Plant filing fee | | | |
| 1004 | 770 | 2004 | 385 | Reissue filing fee | | | |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | | | |
| SUBTOTAL (1) | | | | (\$) | | 385.00 | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | | | | |
| Total Claims | | Independent Claims | | Multiple Dependent | | | |
| 82 | | 10 | | | | | |
| -20** = | | -3** = | | Extra Claims | | Fee from below | |
| 62 | | 7 | | x | | x | |
| 9 | | 43 | | = | | = | |
| 558 | | 301 | | 145 | | = 0 | |
| Large Entity | | Small Entity | | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | | | |
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 | | | |
| 1201 | 86 | 2201 | 43 | Independent claims in excess of 3 | | | |
| 1203 | 290 | 2203 | 145 | Multiple dependent claim, if not paid | | | |
| 1204 | 86 | 2204 | 43 | ** Reissue independent claims over original patent | | | |
| 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent | | | |
| SUBTOTAL (2) | | | | (\$) | | 859.00 | |
| **or number previously paid, if greater; For Reissues, see above | | | | | | | |
| | | | | *Reduced by Basic Filing Fee Paid | | | |
| | | | | SUBTOTAL (3) | | (\$) | |
| | | | | | | 0.00 | |

| SUBMITTED BY | | (Complete if applicable) | |
|-------------------|-----------------|-----------------------------------|------------------|
| Name (Print/Type) | Alicia J. Hager | Registration No. (Attorney/Agent) | 44,140 |
| Signature | | Telephone | (650) 813-4296 |
| | | Date | February 6, 2004 |